

TOPIC B

EMERGENCY AMBULANCE SERVICE STATISTICS (JANUARY – DECEMBER 2012)

NUMBER OF EMERGENCY AMBULANCE SERVICE (EAS) CALLS CONTINUES TO INCREASE

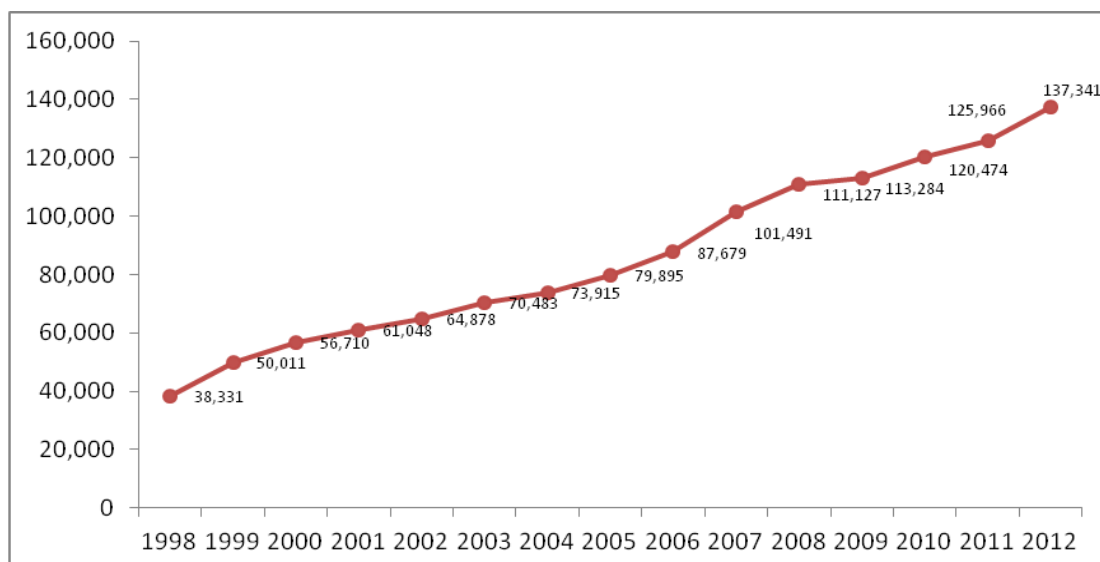
SCDF's Emergency Ambulance Service (EAS) responded to 142,549 calls in 2012, a substantial increase of 8.2% compared to 131,806 calls in 2011. Emergency calls made up 137,341 cases (96.3%) of the total calls responded. The remaining 2,232 cases (1.6%) were non-emergency calls and another 2,976 cases (2.1%) were false alarms. While the non-emergency calls dropped, however the false alarms calls saw a rise from the previous year. See Table B1 for the breakdown on type of calls:

Description	Jan - Dec 2011	Jan - Dec 2012	Absolute Change	% Change
Emergency Calls	125,966	137,341	11,375	9.0%
Non-Emergency Calls	2,995	2,232	-763	-25.5%
False Alarms	2,845	2,976	131	4.6%
Total	131,806	142,549	10,743	8.2%

Table B1: Number and Type of Ambulance Calls

SIGNIFICANT GROWTH IN EMERGENCY CALLS

2. Emergency calls rose by 11,375 (9.0%) from 125,966 cases in 2011 to 137,341 cases in 2012. There has been a significant increase in the number of emergency ambulance calls over the last 15 years, as shown in Graph B1 below. This reflects the growing demand for ambulance services from an ageing population.



Graph B1: Year-to-Year Comparison of Emergency Ambulance Calls (1998 - 2012)

3. The breakdown for emergency cases is shown in Table B2 below. Of the total 137,341 emergency calls, 100,542 cases (73.2%) were medical cases, 12,561 cases (9.1%) were road traffic accidents and 24,238 cases (17.6%) were trauma cases related to industrial accidents, falls and assaults. There was a slight dip in the number of Road Traffic Accidents by 758 cases (5.7%) but a significant increase of 10,598 cases (11.8%) in the number of medical emergency cases (e.g. cases involving chest pain, breathlessness, unconsciousness and cardiac arrest).

Description	Jan - Dec 2011	Jan -Dec 2012	Absolute Change	% Change
Medical Emergency Cases	89,944	100,542	10,598	11.8%
Trauma - Road Traffic Accidents	13,319	12,561	-758	-5.7%
Other Trauma Cases	22,703	24,238	1535	6.8%
Total	125,966	137,341	11,375	9.0%

Table B2: Breakdown of Emergency Ambulance Calls

4. The number of non-emergency calls decreased by 763 cases (25.5%) from 2,995 in 2011 to 2,232 in 2012. The drop could be attributed to the higher level of public awareness through the various public education efforts not to misuse the Emergency Ambulance Services.

5. We are glad that the public has been supportive in this respect and hope that they will continue to call 1777 for non-emergency cases, where the service of the private non-emergency ambulance operators can be engaged. Every emergency ambulance that is engaged in a non-emergency case is one ambulance less to respond to other life-threatening cases.

PRIVATE AMBULANCE OPERATORS TO RUN MORE EMERGENCY AMBULANCES

6. Since June 2009, SCDF has engaged the services of the Private Ambulance Operators (PAOs) to add to the current SCDF fleet of emergency ambulances. The emergency ambulances run by the private operators have proven to be able to deliver comparable services. To further meet the rapid rising demand, SCDF will be increasing the fleet of emergency ambulances through further engagement of the PAOs. Specifically, 10 more PAO ambulances will be brought into the emergency ambulance scheme later this year. In addition, under a fleet renewal programme, SCDF has ordered 18 new emergency ambulances and these are due for delivery in 2014.

FIRE BIKE EQUIPPED WITH AED AND TELEPHONE ASSISTED CPR FOR CARDIAC ARREST CASES

7. In April 2012, SCDF introduced the use of fire bikes equipped with an Automated External Defibrillator (AED) device, to attend to cardiac arrest cases. Since then, there has been an encouraging improvement in response time which translates to more timely medical intervention for the victims.

8. SCDF fire bikers attended to 1,529 medical emergencies between Apr and Dec 2012. Of the 1,529 cases, 201 were cardiac arrest cases. As fire bikers are typically the first responders to arrive at the scene, the difference they can make to patients suffering from cardiac arrest can be very significant. The fire bikers used AED on 153 of the cardiac arrest cases that they responded to and revived the patients in 24 of the cases.

9. To further strengthen the chain of survival in cardiac arrest, SCDF has enhanced the provision of compression-only CPR instructions given by 995 operators over the phone. SCDF is also enhancing the medical training of the 995 operators. The focus is to identify patients with cardiac arrest early and coach the callers to start CPR over the phone quickly and effectively. Rapid intervention in the first few minutes following a cardiac arrest will increase victim's chances of survival. In particular, minimally interrupted chest compressions and early defibrillation are two proven measures to enhance the survival of patients with cardiac arrest.

10. SCDF urges the public to work with 995 operators who can provide life saving instructions over the phone while the ambulance is en-route to the location. Medical advice and instructions given by the 995 operators can immediately help the victim prior to the ambulance's arrival. Such telephone assistance on compression-only CPR procedure can assist all callers including those without any formal training in CPR.

EAS Advisories

- a. Call 995 for emergencies only; call 1777 for non-emergency ambulance service*
- b. When calling 995, provide clear and precise information to the operator*
- c. Give way to emergency vehicles*
- e. Help the emergency ambulance crew to reach those in need of assistance swiftly*

(Please refer to Annex B for the detailed advisories)

**ADVISORY ON THE USE OF
EMERGENCY AMBULANCE SERVICE**

a. **Call 995 for emergencies only.**

An emergency is an illness or injury that could end in death or serious complication if it is not treated immediately

Cases generally classified as emergencies for which EAS should be used:

- Loss of consciousness
- Difficulty in breathing or choking
- Sudden, severe chest pain or breathlessness
- Sudden abdominal pain that does not subside
- Dislocated or broken bones
- Deep cuts or wounds with profuse bleeding
- Head injuries with bleeding drowsiness or vomiting
- Uncontrollable bleeding
- Poisoning e.g. inhalation of toxic gases or drug overdose resulting in unconsciousness

Cases generally classified as non-emergencies for which EAS should not be used:

- Mild fever
- Coughs and colds
- Chronic aches and pains
- Minor cuts and bruises
- Slight burns and scalds
- Mild diarrhoea or vomiting
- Toothaches
- Minor nosebleed
- Localised rash

b. **When you call 995, provide clear and precise information to the Operator.**

- **Contact Details**
 - Identify yourself and provide a contact number
 - Speak clearly and try to be calm
 - Hang up only after the "995" Operator does so

- **Location**
 - Provide the exact address or postal code if possible
 - For incidents along the road, provide the nearest traffic junction location, lamp post number or bus stop number
 - For incidents along the expressway, provide landmarks such as name of flyover, expressway exit number or lamp post number
- **Nature of Incident**
 - Briefly describe the patient's signs and symptoms e.g. male, Chinese, 67 years, having severe chest pain, breathless and sweating.
 - Mention what happened e.g. patient had a fall
 - Provide patient's brief medical history, if possible

c. **Give Way to Emergency Vehicles**

As every second counts during emergencies, it is important for emergency vehicles to arrive at the incident site swiftly. You can help save a life by driving responsibly.

Upon hearing the emergency siren and/or seeing the flashing red lights, motorists should:

- Stay calm and check where the emergency vehicle is coming from
- Give way by signalling early and filter towards the left if it is safe to do so.
- If unable to move to the left safely, slow down to let the emergency vehicle overtake
- Do not speed up to block an overtaking ambulance or try to outrun the emergency vehicle as this is dangerous.
- Do not break the law, e.g. by driving through a red light, to give way to an emergency vehicle.

d. **Help the SCDF ambulance crew to swiftly reach those in need of assistance**

- Get someone to wait for the ambulance crew to guide them to the patient's exact location
- If you see the ambulance crew, make way for them or take the next lift.
- Help the ambulance crew hold the lift - they appreciate your help.
- Keep the doors/gates open for the ambulance crew
- Keep the common corridors clear of any obstruction (clear width of at least 1.2m for ambulance crew's stretcher access)
- Standby to assist if required